

WOMEN'S HEALTH AND CANCER ACT

The Women's Health and Cancer Act ("Women's Health Act") was signed into law on October 21, 1998. This law requires that all medical plans that cover mastectomies also cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services.

This law also requires written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This notice serves to fulfill that requirement.

All questions should be directed to Benefits Administration, at Hanford Mission Integration Solutions, LLC, P. O. Box 943 H2-23, Richland, WA 99352 or telephone 509.376.6962.

Hanford Employee Welfare Trust Patient Protection Disclosure

If a medical benefit option offered under the Hanford Employee Welfare Trust requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If the medical plan option designates a primary care provider automatically, the Plan will designate one for you until you make a designation. For information on how to select a primary care provider, and how to obtain a list of the participating primary care providers, please refer to the applicable certificate of coverage or Summary Plan Description (SPD). For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan Administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the benefit networks who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. You can locate health care professionals who specialize in obstetrics or gynecology by referring to the applicable certificate of coverage or SPD.